

## PART B - FEE(S) TRANSMITTAL

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27910

7590

12/27/2004

STINSON MORRISON HECKER LLP  
 ATTN: PATENT GROUP  
 1201 WALNUT STREET, SUITE 2800  
 KANSAS CITY, MO 64106-2150

03/23/2005 MAHME2 00000011 09808774

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

DIANNE C. HAPPA	(Depositor's name)
JCH	(Signature)
MARCH 19, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/808,774	03/15/2001	Mark T. Fisher	70009590-0020	5486

TITLE OF INVENTION: CHAPERONIN AND OSMOLYTE PROTEIN FOLDING AND RELATED SCREENING METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SNEDDEN, SHERIDAN	1653	435-068100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stinson Morrison  
Hecker LLP  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Kansas Medical  
 Center

Kansas City, KS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4409 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Lana M. Knedlik  
 Typed or printed name

Date

3/18/05

Registration No.

42,748

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Serial No.: 09/808,774  
Docket No.: 506275-0003

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventors : Mark T. Fisher et al.  
Serial No. : 09/808,774  
Filing Date : March 15, 2001  
Title : CHAPERONIN AND OSMOLYTE PROTEIN  
FOLDING AND RELATED SCREENING METHODS  
Date of Notice of : December 27, 2004  
Allowance :  
Group/Art Unit : 1653  
Examiner : Sheridan Snedden  
Confirmation No. : 5486  
Atty. Docket No. : 70009590-0020 (506275-0003)

**TRANSMITTAL LETTER**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

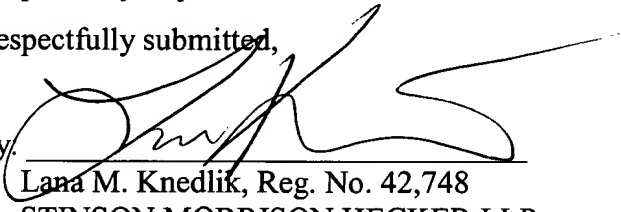
Dear Sir:

Enclosed herewith for filing is the Fee Transmittal and a check in the amount of \$1,000.00 to cover the issue fee and publication fee. The formal drawings were filed with the original application on March 15, 2001 and have been accepted.

Acknowledgment of receipt is respectfully requested.

Respectfully submitted,

By:


  
Lana M. Knedlik, Reg. No. 42,748  
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Enclosures

**Certificate of Mailing Under 37 C.F.R. 1.8**

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Date: MARCH 12, 2005

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DTMDOCS 1140807v1

The Director is hereby authorized to charge any additional amount required, or credit any overpayment, to Deposit Account No. 19-4409.